

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001092

FILED
Feb 05, 2009
Secretary of State

Entity Name: SP FORESTS L.L.C.

Current Principal Place of Business:

6400 POPLAR
MEMPHIS, TN 38197

New Principal Place of Business:

Current Mailing Address:

6400 POPLAR AVE.
C/O TAX DEPT.
MEMPHIS, TN 38197

New Mailing Address:

FEI Number: 58-2470647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: GRILLET, ROBERT J
Address: 6400 POPLAR AVE.
City-St-Zip: MEMPHIS, TN 38197

Title: D () Delete
Name: NICHOLLS, TIMOTHY S
Address: 6400 POPLAR AVE.
City-St-Zip: MEMPHIS, TN 38197

Title: P () Delete
Name: LIEBETREU, DAVID A
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: VPAT () Delete
Name: KLIMAN, THOMAS A
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: VP () Delete
Name: HARRIS, ERROL
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: ATAS () Delete
Name: WILLIAMSON, MICHAEL
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPAT (X) Change () Addition
Name: MCWILLIAMS, KEVIN G
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL WILLIAMSON

AT

02/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date